

EXHIBIT A

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OHIO
EASTERN DIVISION

IN RE: NATIONAL PRESCRIPTION OPIATE LITIGATION)	MDL NO. 2804
)	
THIS DOCUMENT RELATES TO:)	Case No. 1:17-md-2804
)	
)	JUDGE DAN AARON POLSTER
<i>City of Rochester v. Purdue Pharma L.P.</i> , No. 19-op-45853 (Track 12))	
)	
<i>Lincoln County v. Richard S. Sackler, M.D.</i> , No. 20-op-45069 (Track 13))	
)	
<i>City of Independence, Missouri v. Williams</i> , No. 19-op-45371 (Track 14))	
)	
<i>County of Webb, Texas v. Purdue Pharma, L.P.</i> , No. 18-op-45175 (Track 15))	
)	

**PLAINTIFFS' DISPENSING AND PHARMACY PRACTICE DISCOVERY REQUESTS
TO PHARMACY BENEFIT MANAGER DEFENDANTS**

COMES now the Plaintiffs, CT 12 – 15, by counsel, and submit the following discovery requests pursuant to Rule 33 of the Federal Rules of Civil Procedure to the Defendants.

DOCUMENT DISCOVERY REQUESTS

1. Please produce all *transactional data* related to the purchase, distribution and dispensing of Opioids and Cocktail Drugs by You into Missouri, New York and Texas from January 1, 2006 to the present.
2. Please produce all Documents and Records as part of any *Due Diligence* of each Opioid and Cocktail Drug dispensed into Tracks 12 - 15 from January 1, 1996 to the present. Please provide sufficient identifying information and Bates ranges for each Due Diligence record such that Due Diligence records can be linked to individual prescription claims.

3. Please produce all Documents related to any Opioid and/or Cocktail Drug prescription that You refused to reimburse or fill in Tracks 12 - 15. Such materials should include any documentation concerning why the prescription was not filled. Such Documents shall also include any *Due Diligence*, internal investigation, review, audit, or analysis of the number, volume and/or percentage of prescriptions that You refused to reimburse or fill in Tracks 12 – 15.

4. Please produce all data and Documents analyzing and/or tracking the prescribing, dispensing, and potential diversion of Opioids and Cocktail Drugs including, but not limited to, any internal or external investigations, audits, or reviews in Missouri, New York and Texas.

5. Please produce all Documents related to *policies and procedures* and *training materials* regarding:

- the proper dispensing of controlled substances, which includes the proper dose, frequency and duration of therapy of Opioids;
- the identification of any Red Flags or potential indicia of diversion, the documentation of those Red Flags, the reporting of Red Flag prescriptions, and the manner to resolve Red Flag prescriptions;
- compliance with the Controlled Substances Act and all state specific laws and regulations;
- reviewing, analyzing, and investigating patients, pharmacies, and prescribers engaged in potential diversion, including the utilization of data to perform these functions;
- oversight or audit policies designed to ensure Network Pharmacies properly dispense Controlled Substances.

- guidelines, presentations, training, or information on Opioids and/or Cocktail Drugs obtained by You and/or Your employees concerning the appropriate use, misuse, and/or diversion of Opioid and Cocktail drugs.

Such Documents shall include all drafts of the policies, procedures, and training materials and Documents related to the need for such policies, the effectiveness of such policies, adherence to the policies and procedures, and all audits related to the performance.

6. Please produce all Documents or Communications to patients, clients, third party administrators, prescribers or pharmacies regarding the appropriate use, prescribing and or dispensing of Opioids or Cocktails in Tracks 12 - 15.

7. Please produce all Documents related to any prescriber you refused to fill prescriptions for in Missouri, New York and Texas and/or each prescription you determined was doubtful, questionable, of suspicious origin, potentially related to diversion, and/or not issued for a legitimate medical purpose in Tracks 12 - 15.

8. Please produce all Documents related to any prescribers, pharmacies, pharmacists or patients that You have investigated for inappropriate, unnecessary, or illicit prescribing, dispensing or use of Opioids and/or Cocktail drugs in Missouri, New York and Texas, any physician whose license was suspended or revoked or who was otherwise investigated or examined for engaging in diversion and or inappropriate prescribing of Opioids and Cocktail Drugs in Missouri, New York and Texas and any other prescriber whose prescriptions for Opioids and Cocktail Drugs prescribed that You refused to authorize in Tracks 12 - 15. Include in your response, but do not limit your response to, all Documents related to the following prescribers:

A. New York

1. SUDIPT DESHMUKH
2. RICHARD DOBSON

3. DAVID ANDERSON
4. RONALD BROWN
5. ABSYLOM NYAMEKYE
6. ALBERT COWIE, MD
7. ANAND PERSAUD
8. ANTHONY PIETROPINTO
9. APRYL MCNEIL
10. BARRY SLOAN
11. CARL ANDERSON
12. CARMINE MANDARANO
13. DANTE CUBANGBANG
14. DUANE DIXON
15. ERIC JACOBSON
16. ERNESTO LOPEZ
17. ESTRELLA MARTINEZ
18. FRANK PARASMO
19. FRANK TELANG
20. GAIL DEHART
21. GEORGE BLATTI
22. HOWARD ADELGLASS
23. INGRID GORDON-PATTERSON
24. JEFFREY GUNDEL
25. JOHN GORDON
26. JOHN MAYE
27. KEVIN LOWE
28. KURT SILVERSTEIN
29. LAWRENCE CHOY
30. LAWRENCE WOMACK
31. LEONARD STAMBLER
32. MARC KLEIN
33. MARTIN ROGINSKY

34. MICHAEL BELFIORE
35. MICHAEL CHAIT
36. MICHAEL RANDALL
37. MICHAEL TROYAN
38. MITCHEL FAGIN
39. MOHAMMED HADI
40. MUFTAH KADURA
41. NADEM SAYEGH
42. NKANGA NKANGA
43. NOEL BLACKMAN
44. NOEL SMITH
45. PRAVIN MEHTA
46. RICHARD KASKIW
47. RICHARD MORGAN
48. RICHARD SHANKMAN
49. ROBERT TERDIMAN
50. ROGER KAPLAN
51. ROSALIE KEITH
52. SALVATORE CORSO
53. SOMSRI RATANAPRASATPORN
54. STEVEN PARRY
55. SUDIPT DESHMUKH
56. TAMESHWAR AMMAR
57. TOMASITO VIREY
58. WILLIAM LEVINE

B. Missouri

1. PHILIP DEAN
2. ERIC JORGENSEN
3. HARRY KATZ
4. KENNETH RICHARDS
5. ESTHER WADLEY

6. WAYNE WILLIAMSON
7. ANGELA WILLIAMS
8. ABDUL NAUSHAD
9. ADELUOLA LIPEDE
10. RANDALL HALLEY
11. ASIM ALI
12. STANLEY LIBRACH
13. JERRY LEECH
14. NOLAN CRISP
15. DENIS MIKHLIN
16. BRIJ VAID
17. SHAKEEL KAHN
18. BRIAN KOON

C. Texas

1. WINFRED SARDAR
2. MARK WORKMAN
3. JOSE REYES
4. PATRICIA SALVATO
5. MICHAEL TSCHICKARDT
6. LONG NGUYEN
7. CRAIG CHARLESTON
8. MANJIT RANDHAWA
9. DON ENTY
10. NEIL ADELMAN
11. SRINIVAS SUNKAVALLY
12. ALOK KUSHWAHA
13. RANDALL RODGERS
14. DAVID JONES
15. DANIEL THEESFELD
16. JOSE TREVINO
17. PAUL LE

18. MOBEEN CHOUDHRI
19. RIZWAN KHAN
20. NORMAN DOZIER
21. ANDREW KONEN
22. MARK KUPER
23. BRIAN AUGUST
24. GARY HEATH
25. PAUL GRANT
26. HOWARD COHEN
27. ANJALI JAIN
28. RODOLFO HERRERA
29. CARL DAGOSTINO
30. ROBERT MENZIES
31. MARK MALONE
32. LUIS NIEVES
33. JOSEPH GABRIEL
34. HOWARD DIAMOND

9. Please produce Documents related to any reports or other Communications to a client, a manufacturer, distributor, pharmacy, the DEA, law enforcement, the Board of Pharmacy, any other government agency or entity, or other third parties regarding the potential diversion of prescription Opioids and/or Cocktail Drugs and/or not prescriptions issued or dispensed which were not for a legitimate medical purpose in Missouri, New York and Texas.

10. Please produce all data and Documents analyzing and/or tracking the dispensing, prescribing, and potential diversion of Opioids and Cocktail Drugs, including, but not limited to, any internal or external investigations, audits, or reviews that would cover Missouri, New York and Texas. Please include any data and Documents provided by third parties such as health care industry companies and/or trade groups, manufacturers of Opioids, IMS, IQVIA, State and/or federal governments or agencies, among other sources of data and Documents.

11. All Documents related to all agreements, remittances, credits, and audits of network pharmacies, including but not limited to those related to Clawbacks, Rebates, discounts, generic and brand usage, Formulary policy, mail order pharmacy, dispensing fees, direct and indirect reimbursement, post-sales fees imposed on pharmacies, or the sale of claims data.

12. All Documents, reports, studies, monitoring and/or implementation and use of any analytic programs or systems, screens, alerts, or Red Flags You use for identifying inappropriate, unnecessary, or illicit prescribing, dispensing or potential misuse of Opioids and/or Cocktail Drugs. Include in this response any audits, studies, analysis or reports related to prescriptions triggered by these criteria.

13. All Communications with the National Association of the Board of Pharmacy, DEA, State Pharmacy Boards, the Pharmaceutical Care Management Association, or any other trade organization concerning Red Flags and/or identifying inappropriate, unnecessary, or illicit prescribing, dispensing or potential misuse of Opioids and/or Cocktail Drugs.

14. All Documents related to any thresholds or Controlled Substance limits for each client for all Opioids and Opioid Products from January 1, 1996, including but not limited to, all Documents, data or analytics generated from or used in Your Controlled Substances Threshold Management Program or any similar program, committee, or data analytics system.

15. All Documents and Communications related to audits conducted by You or at Your direction of pharmacies in Tracks 12-15 including audits analyzing Dispensing Reimbursement rates, direct and indirect remuneration (“DIR”), Clawbacks, generic and brand usage, Formulary adherence, or pharmacy quality.

16. All Documents concerning the sale or sharing of data from You and/or any of Your affiliated companies to third parties including, but not limited to sales data, Rebate data, direct and

Indirect remuneration (“DIR”) data, distribution data, dispensing data, prescribing data, among other data sets. Responsive Documents should include all drafts and correspondence concerning the terms of the agreements, information concerning the potential uses for the data and the reasons that the data may be acquired, all Marketing materials related to the data and all Documents concerning remuneration for the data including money, services, access to databases, information or data provided in exchange.

17. All Communications and Documents concerning violations or possible violations of federal and state laws or regulations controlling the purchase, distribution, monitoring, recordkeeping or dispensing of Controlled Substance by You or any Network Pharmacy. Records should include, but not be limited to, notice of possible violations, settlements, payments, and agreements imposing corrective action.

INTERROGATORIES

1. Identify each mail order pharmacy You owned or operated from 1996 to the present which delivered Opioids and Cocktail Drugs to pharmacies and/or other customers in Missouri, New York and Texas include the name and address for each mail order pharmacy or facility and, state:

(a) the registration number, controlled substance license number and/or any permit numbers issued by the DEA, Missouri, New York, Texas, or Boards of Pharmacy;

(b) by year, the total number of Opioids each mail order pharmacy or facility delivered in Missouri, New York, and Texas from 1996 through the present;

(c) by year, the total number of Cocktail Drugs each mail order pharmacy or facility delivered in Missouri, New York, and Texas from 1996 through the present; and

(d) All employees' names, addresses and years worked at each mail order pharmacy identified in (1)(a) responsible for dispensing or distributing and/or conducting Due Diligence on opioid and Cocktail Drug prescriptions.

2. Please identify the name and title of each of Your employees, by year, who had compliance responsibilities and/or were responsible for conducting Due Diligence on Opioid and/or Cocktail Drug orders shipped to Missouri, New York and Texas from 1996 to present.

3. Identify and describe by year all Suspicious Order Monitoring Systems and Due Diligence Programs that You had in place for Opioids and Cocktail Drugs dispensed through Your mail order pharmacies shipping Opioids and Cocktail Drugs in Missouri, New York and Texas.

4. Identify and describe by year any algorithm program or system used by You to identify Red Flags, diversion, fraud and abuse, and prescribers, pharmacies, pharmacists and/or patients using or prescribing or dispensing Opioids and/or Cocktail Drugs for a non-legitimate medical purpose and/or engaged in conduct suspicious of diversion. Please identify by year for each algorithm, program or system its:

(a) name;

(b) the Date(s) it was in use by You;

(c) an explanation of why it was created and how you have used it;

(d) the individuals employed by You and any third party companies and individuals that designed, developed and supervised its operation;

(e) the specific data points and information it uses to operate;

(f) how those data points or that information is compiled and calculated;

(g) the individuals employed by You and/or any third-party companies that run, monitor and oversee its operation;

(h) the names of all reports or data outputs and the frequency in which those reports or updates are generated and reviewed; and a list of all individuals and their titles that review those reports or the information generated by its operation.

5. Please identify the manner in which Your employees were to identify red flags and conduct Due Diligence on prescriptions that presented with Red Flags and describe where the resolution of Red Flags were to be documented by year from 1996 to the present. Such information should specify whether the Due Diligence was to be contained on physical Documents and/or specific data fields in any system You maintained. For each data field, by year, state where such Due Diligence may be stored.

6. Please identify each of Your Opioid and Cocktail Drug prescriptions in Tracks 12 - 15 that You refused to fill.

7. Identify any pharmacists, pharmacies, prescribers or patients You reported to the DEA, Board of Pharmacy, State Boards of Insurance, and/or law enforcement or any other government agency related to Your suspicions of abuse, diversion, or excessive prescribing of Opioids and/or Cocktail Drugs Opioids and/or Cocktail Drugs in Missouri, New York and Texas.

8. Identify by name, address and DEA numbers each physician that you refused to fill prescriptions for in Missouri, New York and Texas prescribers identified in “do not fill” lists, “refusal to fill” lists, “blanket refusal to fill lists” and/or each prescription you determined was doubtful, questionable, of suspicious origin, potentially related to diversion, and/or not issued for a legitimate medical purpose in Tracks 12 - 15.

9. Please identify all policies directing Your audit, review, or oversight of Your Pharmacy Network’s dispensing of Opioids and/or Cocktail Drugs. Policies may include, but not be limited to, generic versus brand, pharmacy reimbursement policies, Formulary and authorization policies, evaluation of suspicious drug monitoring programs, effective prospective

Drug Utilization Reviews, training materials, and any assessment of Pharmacy Networks application of corresponding responsibility.

10. Please identify any local, state, or federal investigations or disciplinary actions involving You or Your Pharmacy Networks dispensing or payment of Opioids and/or Cocktail Drugs, including the agency conducting the investigation, case numbers, date the investigation was concluded, the outcome of the investigations, and any fines or corrective agreements resulting from the investigations in Missouri, New York and Texas.

Dated: April 16, 2024

Respectfully submitted,

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